

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	8-30-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<b>BEST AVAILABLE COPY</b>		

**INDEX OF CLAIMS**

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral)... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

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Claim	Final	Original	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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